


# South Dakota Newborn Screening Specimen Collection Card

South Dakota REF 10539765 W051 LOT 6269107 Whalman 903® Expiration Date YYYY-MM	Iowa Neonatal Metabolic Screening Form										
	<input type="checkbox"/> First Screen <input type="checkbox"/> Repeat Screen <input type="checkbox"/> Check if infant is in NICU			Collector's Initials		Chart Number		Feeding Method <input type="checkbox"/> Formula <input type="checkbox"/> Breast <input type="checkbox"/> NPO <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Other			
	Infant's Last Name					Birth Date Month   Day   Year		Birth Time (24 hour clock)			
	Infant's First Name					Sex <input type="checkbox"/> M <input type="checkbox"/> F		Collection Date Month   Day   Year		Collection Time (24 hour clock)	
Multiple Births <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Order 1, 2, 3, etc.		Current Weight (GMS)		Transfusion ANY blood products <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of transfusion Month   Day   Year		Gestational Age	
Mother's Last Name					Mother's Maiden Name						
Mother's First Name					Mother's Birth Date Month   Day   Year		Mother's Phone Number or Contact's Phone Number Area Code   Number				
Mother's Address Street					City		State   Zip Code				
Submitting Facility's Name					Facility Number		Submitting Facility's Phone Number Area Code   Number				
Submitting Facility's Address Street					City		State   Zip Code				
Attending Health Care Provider										DO NOT WRITE IN THIS SPACE	
Attending Health Care Provider's Phone Number Area Code   Number					Facility of Birth						

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DO NOT REMOVE  
THIS COVER FLAP. IT IS  
FOR THE PROTECTION  
OF THE SPECIMEN AND  
THE SPECIMEN  
HANDLERS.  
  
PLEASE MAKE SURE  
THAT THE BLOOD  
SPOTS ARE  
COMPLETELY DRY  
  
AND PROTECTIVE FLAP  
IS IN PLACE BEFORE  
SUBMITTING SPECIMEN.

